ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

DRESS SYNDROME DUE TO ORAL TERBINAFINE

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Background: DRESS (drug rash with eosinophilia and systemic symptoms) syndrome is a severe hypersensitivity drug reaction. We report a case of DRESS syndrome induced by Terbinafine.

Observation: A 29-year-old male was admitted with a pruriginous cutaneous eruption with fever. Physical examination revealed generalized erythematous-maculopapular rash. There was no oral or genital mucosa involvement. Two inguinal lymphadenopathy were present. He had started taking terbinafine for onychomycosis of the toenails seven days before the onset of symptoms. Laboratory investigations showed moderate hepatic cytolysis with elevated total white blood cell count and hypereosinophilia, with the presence of activated lymphocytes that were further suggestive of DRESS syndrome. A skin biopsy confirmed the diagnosis. DRESS induced by terbinafine was diagnosed. The outcome was favorable after stopping terbinafine and receiving symptomatic treatments (antihistaminic and topical steroids). Patch tests, performed secondarily, were negative.

Key message: DRESS is a rare and serious drug toxidermia. It is characterized by fever, cutaneous eruption, internal organ involvement and hematologic abnormalities within 1-8 weeks after the exposure of the suspected drug. Anticonvulsants such as carbamazepine, lamotrigine, phenobarbital, phenytoin and allopurinol are the most common causes of DRESS syndrome. Our patient presented the clinical and biologic features of DRESS, with a protracted papular rash, lymphadenopathy and blood eosinophilia. The pathogenesis of DRESS syndrome is not well elucidated yet. The contribution of HHV6 reactivation is now being appreciated. Terbinafine has been implicated in other cutaneous reactions such as cutaneous lupus erythematosus, acute generalized exanthematous pustulosis, erythema multiforme and Stevens-Johnson syndrome.
Only a few cases of DRESS syndrome to terbinafine have been reported. In our case, terbinafine was the culprit drug because it was the only drug introduced with a compatible delay. The most important steps for a proper management include the recognition of the syndrome and immediate discontinuation of the offending drug.